

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Phila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>171</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>943</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	No. _____		St. _____ Ward _____
2. Full name of child <u>Myrtle Catherine McClellan</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth <u>3</u>	7. Date of birth <u>Nov-12-1924</u>		Month day year
5. FATHER		14. MOTHER	
Full name <u>Charles H. McClellan</u>		Full maiden name <u>Carrie Mente</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If nonresident, give place and state <u>Ariz.</u>		If nonresident, give place and state <u>Ariz.</u>	
10. Color or race <u>Cauc.</u>		16. Color or race <u>Cauc.</u>	
11. Age at last birthday <u>37</u> (Years)		17. Age at last birthday <u>26</u> (Years)	
12. Birthplace (city or place) <u>Oakland</u>		18. Birthplace (city or place) <u>Madrid</u>	
(State or country) <u>Calif.</u>		(State or country) <u>New Mexico</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Miner</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>3</u>		<u>yes</u>	
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>4 A.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Cyril M. Crow M.D.</u>	
Given name added from a supplemental report _____		Address <u>Miami, Ariz.</u>	
Month, day, year. _____		(Physician or midwife)	
Registrar. _____		Filed <u>Dec 31, 1924</u>	
		Local Registrar. <u>B. G. Jay</u>	
		County Registrar. _____	

445-1117-345